Sugars, Fats & Alcohol!

Concomitant Hypertriglyceridemia-Induced Pancreatitis and DKA

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INTRODUCTION

• Hypertriglyceridemia (HTG) is a well-recognized, albeit rare cause of pancreatitis.
• Concomitant HTG-induced pancreatitis and DKA is exceedingly rare thought to occur in 4% of all cases of DKA.

PRESENTATION

• A 58-year-old male with a history of type 2 diabetes mellitus presented with epigastric pain.
• He had similar symptoms five years ago when he was found to have HTG-induced pancreatitis and newly diagnosed with diabetes.

HOSPITAL COURSE

Figure 1. CT abdomen/pelvis showing peripancreatic fluid and edema consistent with acute pancreatitis.

Figure 2. Serum triglyceride trend during hospital course with initial level at 9580 mg/dL that rapidly reduced to 2909 mg/dL within 24 hours after starting weight-based insulin drip, which was continued until triglyceride levels dropped below 500 mg/dL when patient was transitioned to subcutaneous insulin.

DISCUSSION

• The etiology of his recurrent HTG-induced pancreatitis and concomitant DKA was deemed to be secondary to dietary indiscretions.
• After his initial episode of pancreatitis five years ago, the patient adopted significant lifestyle modifications with improved HbA1c down to 5.0%.
• However, during this admission, his HbA1c was elevated at 10.7%.
• Additionally, he reported increased alcohol intake of 8-10 alcoholic beverages daily.
• The patient was counseled on alcohol cessation and dietary modification. He was discharged on an insulin regimen and lipid lowering agents.

CONCLUSION

• DKA can lead to pancreatitis and vice-versa.
• Diagnosis of simultaneous entities can be difficult given similar presentations.
• It is crucial for clinicians to be cognizant of concomitant entities given the potential for life threatening complications.

REFERENCES


Initial Labs

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<thead>
<tr>
<th>Test</th>
<th>Value</th>
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<tbody>
<tr>
<td>Lipase</td>
<td>931 U/L</td>
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<tr>
<td>Blood Glucose</td>
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<tr>
<td>Anion Gap</td>
<td>20</td>
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<tr>
<td>Bicarbonate</td>
<td>18 mmol/L</td>
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<tr>
<td>Lactic Acid</td>
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<tr>
<td>β-Hydroxybutyrate</td>
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<tr>
<td>Triglyceride</td>
<td>9580 mg/dL</td>
</tr>
</tbody>
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Figure 1. CT abdomen/pelvis showing peripancreatic fluid and edema consistent with acute pancreatitis.